

Agency Case Number 22-102763		Agency NCIC No. 0440200		GEORGIA MOTOR VEHICLE CRASH REPORT		County DEKALB		Date Rec. by DOT 12/4/2022	
Estimated Crash Date 12/4/2022		Dispatch Date 12/4/2022		Arrival Date 12/4/2022		Total Number of Vehicles 2		Injuries 0	
Time 15:01		Time 15:27		Time 15:37		Fatalities 0		Inside City Of Unincorporated	
Road of Occurrence GLENWOOD RD				At Its Intersection With COVINGTON HWY				<input type="checkbox"/> Suppl. To Original? <input type="checkbox"/> Private Property? <input type="checkbox"/> Hit And Run?	
Not At Its Intersection But				Of					
Miles <input type="checkbox"/> North <input type="checkbox"/> East Feet <input type="checkbox"/> South <input type="checkbox"/> West									
Latitude (Y) (Format)		33.736758 00.00000		Longitude (X) (Format)		-84.216715 -00.00000			
Unit # 1		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME GOODWIN		FIRST CONNER		MIDDLE D	
<input checked="" type="checkbox"/> Susp At Fault		Address 2709 CITCO AVE APT E01		Unit # 2		<input type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME CLARK	
				Address 1107 THICKET WAY		FIRST DOROTHY		MIDDLE	
City CHATTANOOGA		State TN		Zip 37406		DOB 6/21/1995			
Driver's License No 120961357		Class CLASS A		State TN		Country USA			
Insurance Co. MOUNTAIN LAKE RISK RETENTION		Policy No. TTS239097-22		Telephone No.		Insurance Co. ALLSTATE P & C		Policy No. 000000021555571	
Year 2020		Make FREIGHTLINER		Model CASCADIA		Year 2001		Make HYUNDAI	
VIN 3AKJHHDR4LSJ7672		Vehicle Color Red		VIN KMHDN45D91U173592		Vehicle Color Silver			
Tag # 3DR469		State OK		County 2023		Tag # BID0503		State GA	
Trailer Tag # U617298		State TN		County 2023		Trailer Tag #		State County Year	
<input type="checkbox"/> Same as Driver		Owner's Last Name TOTAL TRANSPORTATION		First Middle		<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name CLARK	
Address 4402 SW 44TH STREET		City OKLAHOMA CITY		State OK		Zip 73119		Address 1107 THICKET WAY	
Removed By: DRIVER 1		<input type="checkbox"/> Request <input type="checkbox"/> List		Removed By: DRIVER 2		<input type="checkbox"/> Request <input type="checkbox"/> List			
Alcohol Test: No		Type:		Results:		Drug Test: No		Type:	
First Harmful Event: Motor Vehicle In Motion		Most Harmful Event: Motor Vehicle In Motion		Operator/Ped Cond: Not Drinking		First Harmful Event: Motor Vehicle In Motion		Most Harmful Event: Motor Vehicle In Motion	
Operator Factors: Changed Lanes Improperly		Vehicle Factors: No Contributing Factors		Roadway Factors: No Contributing Factors		Operator Factors: No Contributing Factors		Vehicle Factors: No Contributing Factors	
Direction of Travel: North		Vehicle Maneuver: Changing Lanes		Non-Motor Maneuver:		Direction of Travel: North		Vehicle Maneuver: Turning Right	
Vehicle Class: Commercial Motor Vehicle (CMV)		Vehicle Type: Tractor/Trailer		Vision Obscured: Not Obscured		Vehicle Class: Privately Owned		Vehicle Type: Passenger Car	
Number of Occupants: 2		Area of Initial Contact: Left Side-Near Front		Damage to Vehicle: Functional Damage		Number of Occupants: 1		Area of Initial Contact: Right Side-Near Rear	
Traffic Way Flow: Two-Way Trafficway with no physical separation		Road Composition: Black Top		Road Character: Straight and Level		Traffic Way Flow: Two-Way Trafficway with no physical separation		Road Composition: Black Top	
Number of Lanes: 6		Posted Speed: 45		Work Zone: None		Number of Lanes: 6		Posted Speed: 45	
Traffic Control: Traffic Signal		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: Traffic Signal		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Citation Information: Citation # 22177085ET		O.C.G.A. § 40-6-48		Citation #		O.C.G.A. §		Citation #	
Citation #		O.C.G.A. §		Citation #		O.C.G.A. §		Citation #	
Citation #		O.C.G.A. §		Citation #		O.C.G.A. §		Citation #	
COMMERCIAL MOTOR VEHICLES ONLY					COMMERCIAL MOTOR VEHICLES ONLY				
Carrier Name TOTAL TRANSPORTATION OF MISSISSIPPI LLC					Carrier Name				
Address PO BOX 2060		City Jackson		State Mississippi		Zip 39225		Address City State Zip	
U.S. D.O.T. # 434467		No. of Axles 5		G.V.W.R. 26001 or Greater		U.S. D.O.T. #		No. of Axles G.V.W.R.	
Cargo Body Type Other		Vehicle Config. Tractor Trailer		<input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Cargo Body Type Vehicle Config. <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> Yes <input type="checkbox"/> No	
C.D.L. ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L. ? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES: Name or 4 Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond:					If YES: Name or 4 Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond:				
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units					<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units				

COLLISION FIELDS

Manner of Collision: Sideswipe-Same Direction

Location at Area of Impact: On Roadway - Roadway Intersection

Weather: Cloudy

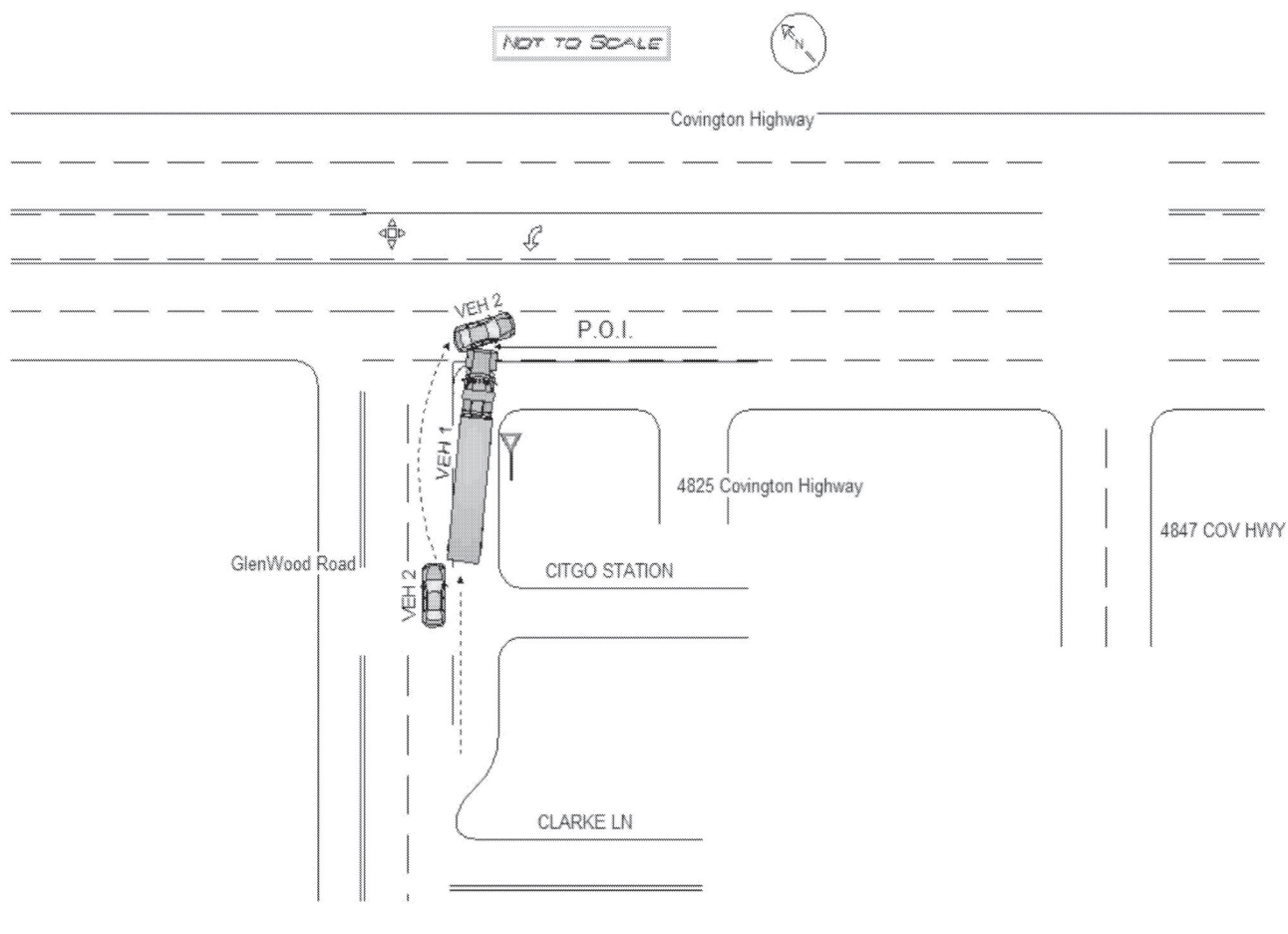
Surface Condition: Dry

Light Condition: Daylight

NARRATIVE

Based upon the evidence at the scene and the statements of both drivers the following was determined: driver 2 was making a right turn from northbound Glenwood Road onto eastbound Covington HWY in lane 2 when vehicle 1 merged into her lane from lane 3 and sideswiped the passenger side rear of her vehicle causing moderate damage to the passenger side doors and quarter panel. There were no injuries reported. Driver 1 stated he was turning right onto Covington HWY from northbound Glenwood Road in lane 3 when he swerved to the left to avoid the curb on his right and sideswiped vehicle 2 as he negotiated the turn. Vehicle 1 had minor to moderate damage to the driver's side front fender. Driver 1 was cited for failure to maintain lane. Both drivers were given a case number for the police report. Both drivers were able to remove their vehicles from the scene. Body worn active.

DIAGRAM



PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle:

Owner:

WITNESS INFORMATION

Name (Last, First)

Address

City

State

Zip Code

Telephone Number

OCCUPANT INFORMATION										
1	Name (Last, First): GOODWIN, CONNER					Address: 2709 CITCO AVE APT E01 CHATTANOOGA, TN 37406				
	Age: 27	Sex: Male	Unit # 1	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: No	Air Bag: Non-Deployed Air	Injury: No Apparent Injury (O)	Taken for Treatment: No
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
2	Name (Last, First): BARNES, STACEY					Address: 1411 GEORGE F WEST BLVD NATCHEZ, MS 39120				
	Age: 49	Sex: Male	Unit # 1	Position: Front Seat-Right Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: No	Air Bag: Non-Deployed Air	Injury: No Apparent Injury (O)	Taken for Treatment: No
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
3	Name (Last, First): CLARK, DOROTHY					Address: 1107 THICKET WAY DECATUR (DEKALB), GA 30035				
	Age: 71	Sex: Female	Unit # 2	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: No	Air Bag: Non-Deployed Air	Injury: No Apparent Injury (O)	Taken for Treatment: No
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
4	Name (Last, First):					Address:				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
ADMINISTRATIVE										
Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					By:		Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 635-2963.			
Report By: BYRD, K (2527)		Agency: DeKalb Co Police Department		Report Date: 12/04/2022 17:03		Checked By: Thompson, Adrian			Date Checked: 12/4/2022	